

SELF SERVICE CENTER
INSTRUCTIONS: HOW TO COMPLETE THE EXPEDITED PROCESS
REQUEST TO ENFORCE

USE THIS FORM only if you are trying to make someone obey a court order for child support, medical insurance coverage, spousal maintenance/support, custody, and/or parenting time (formerly known as "parent/child access" or "visitation").

IF YOU CHOOSE TO FILE AN "EXPEDITED PROCESS REQUEST TO ENFORCE," YOU MUST MEET THE FOLLOWING CRITERIA:

1. You must have an Arizona court order for child support, spousal maintenance/support, medical insurance coverage and/or parenting time. You may **not** use this form if your support and/or parenting time order was **not** entered by an Arizona court. Out-of-state orders may be enforced in Arizona by following certain other procedures. You may wish to contact an attorney regarding such enforcement.
2. If you are requesting enforcement of support, the party court ordered to pay support must be behind in payment in an amount equal to one-month's worth of support.
3. If you are requesting enforcement of medical insurance coverage, the party court ordered to provide medical insurance coverage must **not** be providing coverage as ordered by the court.
4. If you are requesting enforcement of custody and/or parenting time, the other party must have violated a provision of the order for custody and/or parenting time.

DO NOT USE THIS FORM TO REQUEST A CHANGE (MODIFICATION) IN THE TERMS OF YOUR SUPPORT, MEDICAL INSURANCE COVERAGE AND/OR PARENTING TIME ORDER. DO NOT USE THIS FORM IF YOU ARE TRYING TO COLLECT MEDICAL INSURANCE CO-PAYMENTS OR UNINSURED MEDICAL COSTS FOR UN-REIMBURSED MEDICAL COSTS. YOU CAN PURSUE COLLECTION BY FILING COURT PAPERS IN THE JUSTICE COURT IF THE AMOUNT IS \$5,000 OR LESS. YOU MAY WISH TO CONTACT AN ATTORNEY REGARDING COLLECTION.

Family Court Post-Decree Coversheet (Post Decree Modification or Enforcement)

Print or type in black ink.

Case Type: Check only one box that matches the legal procedure for which you are filing the documents in this packet.

Case Number: Write in the case number of the original case whose decision or order you are asking the Court to change or enforce.

Information About the Petitioner (*in the original action*): Regardless of who started *this* action for change or enforcement, write in the information, if you know it, for the person who was the Petitioner *in the original case*. If the Petitioner's address is protected, simply write "Protected" on the address line. If you are the Petitioner, and you want your address protected, DO NOT write your address on the coversheet. When you file your papers, tell the Clerk of the Court you want your address protected and they will give you a special form to complete. If you are the Petitioner and a lawyer represents you, write in the lawyer's name

and bar number.

Information about the other party, the Respondent (*in the original action*): Regardless of who started *this* action for change or enforcement, write in the information, if you know it, for the person who was the Respondent *in the original case*. If the Respondent's address is protected, simply write "Protected" on the address line. If you are the Respondent, and you want your address protected, DO NOT write your address on the coversheet. When you file your papers, tell the Clerk of the Court you want your address protected and they will give you a special form to complete. If you are the Respondent and a lawyer represents you, write in the lawyer's name and bar number.

Minor Children Involved: List the names, dates of birth, and social security numbers for any minor children involved in this specific case.

Other Minor Children: If there are other children of either the Petitioner or the Respondent or both not involved with this case, list their names on the lines provided.

Other court cases: Check the appropriate box to tell this Court if either you or your spouse have been involved in any other cases, except a minor traffic offense, in any other court. If you check the Yes box, please describe the case, including case numbers and court location.

Domestic Violence Section: Answer the questions listed regarding domestic violence. This information will help court staff determine if this issue is relevant to this case.

Children's Issues Section: Answer the questions regarding the children you listed on *the "Family Court Cover Sheet."* This information will help court staff determine if these issues are relevant to this case, and/or whether a case exists in this Court already regarding any child you listed.

Interpreter: If you or your spouse need an interpreter, check the box for the appropriate party, one or both.
Language: Check the box to indicate whether the interpreter is needed for Spanish or other language. If "Other", write in the language. This information helps the court estimate the need for interpreters. It is **NOT** an official request for an interpreter.

Location: If you are filing your documents in Phoenix, check the Downtown Phoenix box. If you are filing your documents in Mesa, check the Mesa box.

Match the numbered instructions to the numbers on the ***"Expedited Process Request to Enforce."***

TYPE OR PRINT. USE BLACK INK ONLY.

NUMBER

INSTRUCTION

(1)

YOUR name, address, home phone number **and DAYTIME** phone number. Your daytime phone number is the number where you can be reached Monday through Friday from 8:00 a.m. to 5:00 p.m., or where a message may be left for you. PLEASE FILL IN BOTH PHONE NUMBERS EVEN IF THE NUMBERS ARE THE SAME.

(2)

If you **HAVE NOT** obtained the services of an attorney, check the box to show you are representing yourself. If you **HAVE** obtained the services of an attorney, the attorney must write **YOUR** name.

(3)

If you have obtained the services of an attorney, the attorney must provide his or her State Bar number.

- (4) In addition to your Maricopa County case number, your case is also assigned an ATLAS case number. Write in this number.
- (5) Name of the party listed as the Petitioner on the court order(s) for support, medical insurance coverage and/or parenting time.
- (6) Name of the party listed as the Respondent on the court order(s) for support, medical insurance coverage and/or parenting time.
- (7) Superior Court of Arizona in Maricopa County case number listed on the court order(s) for support, medical insurance coverage and/or parenting time. This number starts with "DR" or "D" or "FC."
- (8) Mark the box or boxes which indicate(s) the type(s) of order(s) for which you are requesting enforcement.

**INSTRUCTIONS FOR SECTION A:
SUPPORT AND/OR MEDICAL INSURANCE COVERAGE**

DO NOT COMPLETE SECTION "A" IF YOU ARE NOT REQUESTING ENFORCEMENT OF SUPPORT AND/OR MEDICAL COVERAGE. Instructions (9) through (15) apply only if you have marked one or more of the following boxes: Child Support, Child Support Arrearage Only, Medical Insurance Coverage and/or Spousal Maintenance/Support.

- (9) Date(s) of the order(s) you want to have enforced.
- (10) Name of the party who owes you child support, spousal maintenance/support **AND/OR** has not obtained medical insurance coverage.
- (11) Name of the judicial officer(s) who signed your order(s).
- (12) Amount of support the court ordered the other party to pay **AND** the **EXACT** wording of the order(s). If you do not have a copy of your order(s), attempt to obtain a copy from Court Records located at 601 W. Jackson in downtown Phoenix. If you are unable to obtain a copy, state in your own words, as accurately as possible, what the order said.
- (13) Total amount of support that is past due. To determine the past due amount:
- a. Calculate the total amount of support which should have been **PAID** to you to date;
 - b. Calculate the total amount of support you have **RECEIVED** (including **DIRECT** payments) to date;
 - c. **SUBTRACT** the total amount received from the total amount due. This is the past due amount (this amount does not include the amount of interest to which you are entitled).
- (14) Time period for which you claim the past due support was not paid.
- (15) If you wish the court to consider an action which is not listed, state what the action is you wish the court to consider.

**INSTRUCTIONS FOR SECTION B:
CUSTODY AND/OR PARENTING TIME**

DO NOT COMPLETE SECTION "B" IF YOU ARE NOT REQUESTING ENFORCEMENT OF CUSTODY AND/OR PARENTING TIME. Instructions (16) through (21) apply only if you have marked one or more of the following boxes: Custody and/or Parenting Time.

- (16) Date(s) of the order(s) you want to have enforced.
- (17) Name of the judicial officer(s) who signed your order(s).
- (18) **EXACT** wording of the order(s). If you do not have a copy of your order(s), attempt to obtain a copy from Court Records located at 601 W. Jackson in downtown Phoenix. If you are unable to obtain a copy, state in your own words as accurately as possible what the order said.
- (19) Name of the party whom you claim disobeyed the order(s).
- (20) Write a **brief** summary describing how the terms of the order(s) was/were violated.
- (21) If you wish the court to consider an action which is not listed, state what the action is you wish the court to consider.

EVERYONE MUST COMPLETE THE INFORMATION REQUESTED IN (22)-(24):

- (22) Current address of the petitioner - party listed as the petitioner on the court order(s) for support, medical insurance coverage and/or parenting time.
- (23) Current address of the respondent - party listed as the respondent on the court order(s) for support, medical insurance coverage and/or parenting time.
- (24) **CURRENT DATE AND YOUR SIGNATURE.** Sign only when you are before a Notary Public or Deputy Clerk of the Court. Your signature acknowledges that the information you have provided is true and correct to the best of your knowledge and belief.

NOTICE TO THE PARTY FILING: Before a conference can be scheduled, it is your responsibility to provide proof of service to Expedited Services. Proof of service may be hand-delivered, mailed or faxed to:

CLERK OF THE SUPERIOR COURT
Family Support Center/Support Orders
201 West Jefferson, 1st Floor
Phoenix, Arizona 85003
Fax Number: (602) 506-5764

FAILURE to provide proof of service will prevent or delay the scheduling of a conference.